have practiced true laparotomy. He also mentions some peculiarities little known in the history of this malady, for example, the partial or total fusion of the fœtus' skin and the cyst walls, an occurrence which would render all extraction per vaginam an illusion. To sum up, whenever a diagnosis can be made, he has no hesitation about operating and goes to work at once through the abdominal wall.—*Le Progres Médical*, Dec. 18, 1886, P. 1098.

L. MARK (London).

SYPHILIS.

I. **The Subcutaneous Injection of Calomel in the Treatment of Syphilis.** By KAPP and CHOLZEN. **On the Elimination of Mercury by the Urine, Etc.** LANDSBERG. Employing for the most part a 25% solution of chloride of sodium in which 10% of calomel was suspended, the former authors have treated over two hundred and fifty cases of syphilis with very good results. It might have been expected that sometimes the calomel would remain inert, but it is stated that this never occurred. As a result of the 1,523 injections administered an abscess resulted 72 times, *i. e.*, 4%; nevertheless it is claimed that the method is more convenient than that of mercurial inunction. Landsberg has carefully estimated the elimination of mercury from these patients as well as from some treated by the ordinary methods, and has arrived at some interesting results, which may be thus summarized: 1. Dercury can be detected in the urine within twenty-four hours from the first administration of moderate doses. 2. After a thorough mercurial course has been followed it can be detected in the urine from four to fourteen months after the cessation of administration. (In one case it was said to be detected two years and a half afterwards). 3. The form in which the drug was given appeared to have little or no effect with regard to the elimination by the kidneys, and if large doses were employed the only difference noted was that the mercury could be detected for a longer time than in the case of small ones.—*Vierteljahrsschrift f. Dermatologie und Syphilis*, 1886, P. 747. Inaugural dissertation, Breslau, 1886.

II. **Hysterical (?) Paralysis in Syphilitic Subjects.** By M.

POTAIN (Paris). A young woman contracted syphilis, and during the secondary stage suffered from profound nervous depression. Seven years later she became hemiplegic on the left side, the paralysis coming on in the course of a day and being preceded by severe pain in the left ear. There was anæsthesia, analgesia and loss of motor power on the affected side, and in addition the left facial muscles and external rectus were paralysed In the absence of any evidence of vascular or cardiac disease M. Potain diagnosed the hysterical nature of the hemiplegia of the limbs, and this was confirmed by the great improvement under galvanism; at the same time he pointed out that the facial muscles were never affected in hysterical paralysis, and from the fact that the palate was affected be inferred that there was a gummatous lesion of the sixth and seventh nerves near their origin. The patient had at the time a node on one femur.

The second case was that of a man æt. 34 years, of neurotic tendencies and given to alcoholic excess. Ten years after contracting syphilis he suffered from intense headache and then followed several convulsive seizures during which he lost consciousness. This latter feature together with the facts that the movements were sometimes unilateral and that a comatose condition persisted for some time after the fits, pointed to epilepsy; but on the other hand some of the attacks were like hysterical ones, ending in a flood of tears, and a sort of cataleptic condition was observed at times. When admitted he also had loss of power and sensation in the limbs of the left side (the knee reflex being absent), achromatopsia, with loss of smell. taste and hearing on that side. It should be mentioned that the patient had been very imperfectly treated during his secondary stage and that he now had a node on the vertex of the skull. M. Potain regarded the case as one of hystero-epilepsy in which both syphilis and alcoholism had been factors of causation. Considerable improvement in all the symptoms followed treatment with iodide and mercury. The fact that the convulsions first appeared at the age of 34, would of course be strong evidence against true epilepsy, apart from the character of the fits.

The cases are interesting as showing the co-existence of so-called hysterical and epileptiform phenomena and tertiary lesions of the

meninges or vessels (?) of the brain, and as illustrating the extremely complex nature of some cases of cerebral syphilis.—*Gaz. des Hôp.*, April 28 and May 7, 1887.

J. HUTCHINSON JR., (London).

III. Syphilis as an Etiological Factor in Disease, Especially in Connection with Pulmonary Lesions or Syphilitic Phthisis. By WILLIAM HENRY PORTER, M.D., (New York). This is an admirably clear and satisfactory paper from which the following conclusions are drawn: (1) Etiology—Pulmonary lesions attributable to syphilis are very common, more so in females than in males, with the maximum number of cases occurring between 30 and 40 years of age; it is as frequently, if not more frequently, inherited than acquired. (2) Pathology—The lesion is most frequent at the apex and usually involves both lungs; it is a peculiar pneumonic process in the early stages, while later cavities are formed, and it becomes phthisical in the sense of progressive consolidation, followed by softening and the formation of cavities. There is a strong resemblance, but a positive difference, between syphilitic and tuberculous phthisis, and a positive anatomical difference between syphilitic and miliary tubercle. (3) Symptoms—These are peculiar and diagnostic. (4) This rests mainly upon the rational history and physical signs, the extreme dyspnœa, the periosteal tenderness, and the absence of an increased bodily temperature. (5) Prognosis—This rests upon an early recognition of the trouble. (6) Treatment—It must be antisyphilitic to be of any avail. Many cases are unaffected by iodide of potassium alone, unless under enormous doses, but a rapid improvement follows upon the use of biniodide of mercury, iodide of ammonium and iodide of potassium in combination. *N. Y. Med. Rec.*, March 12, 1887.

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